

Reviews

Clive Seale, *Constructing Death: the Sociology of Dying and Bereavement*, Cambridge University Press, 1998, 236 pp., £13.95 pbk ISBN 0-521-59509-6, hbk ISBN 0-521-59430-8.

This book will be of interest to professionals and students wanting to extend their knowledge and stimulate their thinking about a broad range of philosophical, emotional, physical and historical aspects of death and dying (and, indeed, living).

The book is presented in three parts: ‘Social and material worlds’, ‘Representing death’ and ‘Experiencing death’. Its main argument is that, in Western culture, ‘social and cultural life involves turning away from the inevitability of death, which is contained in the fact of our embodiment, and towards life (p. 5)’. The author uses his own as well as other research taken from sociological, anthropological and historical studies to place death and dying in the context of contemporary Western culture. In a chapter called ‘Reporting death’, for example, he includes an interpretation of the use of language during the last interview by Melvin Bragg with the playwright Dennis Potter (prior to Potter’s death).

In Part One of the book the author discusses existential questions about the tensions in Western culture within its orientation towards life, despite the knowledge of impending death and non-existence. Seale draws on numerous studies to demonstrate how body and mind have come to be seen as a social construction; alternative approaches are considered using comparative studies and cross-cultural influences.

Part Two begins by considering the biology of death, describing the bodily process of ageing and the effects of disease on the ‘dying trajectory’. The importance of considering sociological aspects of death is set within the context of the cultural script, including ‘death awareness’, both that of the dying person and of those around her/him. The varied and often unchallenged assumptions surrounding the subject of bereavement are also discussed. In addition, Seale explores perceptions and expressions of pain, including cross-cultural variation, and examines what the term ‘suffering’ means in contemporary society. He then elaborates upon the role of the sacred and profane within the social context of death and dying and the rituals of life and death. Seale goes on to describe hospice and palliative care and, whilst providing a thought-provoking critique, he is nevertheless sensitive to the groundbreaking work of the creators of the hospice movement. He offers profound insights into the dying role in modernity, including that of the history and purpose of personal involvement in one’s own death, having discussed earlier not only the impact of physical decline and control in the process of social disengagement but also elements of control about when to die. The final chapter considers the role of the media in reporting and depicting death and the impact of the ‘research medium’ on how death is reported.

In Part Three, Seale explores the dying person's participation in what he terms 'the dominant dying script', as well as gender and age differences and the constraints imposed by illness, or other factors which limit participation. He describes perceptively disengagement with the self and society and exposes the irony that, despite the isolating social and physical effects of dying, there is often a need for more intimate care, which may well transcend accepted boundaries of relationships. Using some moving quotes from research he illustrates how the idea of 'self' can affect the discourse of death, thereby influencing those around the dying person. He discusses the symbolic nature of food and care and relates them, among other things, to how illness and then impending death is predicted. In the final two chapters of Part Three, Seale considers the 'Awareness and control of dying' and discusses the ideas and work of a number of authors on 'open awareness', including the work of Elizabeth Kübler-Ross; he also analyses diverse findings concerning class, gender and ethnic background in relation to 'open awareness'.

The book would not have been complete without reference to euthanasia, and its unsentimental yet sensitive and measured approach adds to the book's success. Finally, in considering grief and resurrective practices, Seale describes medical models of dealing with grief as well as the rise in therapeutic, curative models for dealing with bereavement. The book concludes with a return to social constructions and how grief is perceived within this construct.

Clive Seale's scholarly contribution to the sociological study of death and dying is timely; it is also a sensitive and thought-provoking work, which left me feeling intellectually stimulated in a manner similar to a long workout at the gym. Definitely a book to be studied rather than browsed.

New Concepts,
Essex

YVONNE SHEMMINGS

Paul Smith, *Death and Dying in a Nursing Home*, Social Work Monograph, No 196 University of East Anglia, 1998, 39 pp., ISBN 1-85784-063-1.

This monograph will be of most interest to those involved in the direct care of older people including social workers and health care staff, especially those considering placements for older people. The author himself is a carer in nursing homes and the monograph is based both on personal experience and on qualitative interviews with staff in a number of homes. It is a sad testament to the quality of care within some nursing homes.

The monograph is presented in four sections plus an introduction and conclusion. Descriptive case studies are used (which appear not always to have been drawn from the author's research). Unfortunately, when referring to his findings Smith rarely includes the participants' actual words and thus loses some of the potential richness to be gained from letting the data 'speak for itself'. Although the research catalogues worrying accounts of the experience of death and dying in most of the homes included in the study, the author provides little critical analysis, preferring a passionately descriptive style of

writing. The language used reflects his conviction, and indeed his own sense of outrage, at the situation he finds, both in his experience and in his study; but this may lead the reader to question his objectivity at times.

It is difficult to do justice within the confines of a short monograph to the full range of topics involved in death, dying and bereavement within nursing home care. For example, it would have been informative if more had been written about 'closed' and 'open' awareness of death among residents of the nursing homes. It is unfortunate too that, apart from some problems with the detail of editing the work, one or two aspects of the style of the writing are apt to distract the reader. For example, some ideas seem to stand alone, with comments being rather anecdotal and, despite their sincerity, appear somewhat uncritical in places.

More use could have been made of key writers on the subject of death and dying within a sociological context generally and more specifically within the area of death and dying in residential settings, as well as by reference to contemporary research findings. Despite these reservations, however, the monograph certainly is worth reading; it will undoubtedly shock some and move many.

New Concepts,
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Ann Schmidt Luggen, Shirley S. Travis and Sue Meiner (eds),
NGNA Core Curriculum for Gerontological Advanced Practice Nurses, Sage:
Thousand Oaks, London, New Delhi, 1998, 717 pp. £33.00 pbk
ISBN-0-7619-1300-9.

Gerontological nursing is evolving through the changes that are occurring in the context of medical and social services and is establishing its own distinct identity. This text arises from work that has been undertaken in the USA on the development of specialist and advanced knowledge and skills in this field. Education programmes in the USA have begun to combine the best aspects of geriatric nurse practitioners (GNPs) and geriatric clinical nurse specialists (GCNSs) into one specialist, termed an advanced practice nurse (ANP), and this book presents the NGNA's 'core curriculum' for ANP roles.

The editors of the book are considered leaders of gerontological nursing in the USA, and they have chosen papers by a range of authors. The text is divided into 12 sections and some 112 chapters, and deals with theories of ageing, professional practice issues and the sub-roles of advanced practice. Each section specifies learning objectives, core content, study questions and suggested reading, with the core content being written in the form of bullet points representing 'headings' that should be considered in curriculum development.

While at one level this book offers a unified vision of gerontological nursing practice and presents a broad overview of nursing older people at an advanced level, perhaps its appeal is limited outside the USA. It is structured so that the reader can move from theoretical foundations on to role development issues whilst considering patient education alongside education programme de-

velopment and staff development. However, the text is difficult to read because of a major dominance of medical terminology and concepts of practice and a certain North American eccentricity of language. It is not the kind of book that the average nurse would 'dip into' to inform their practice, and its usefulness for nurse educators may be limited, although curriculum developers would find it useful to inform the development of advanced practice curricula. Overall, the appeal of this book is primarily likely to be for those who practice nursing within a similar context to that of nurses in the USA.

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PAULINE FORD

R. R. Andersen, J. K. Crellin and B. O'Dwyer, *Healthways: Newfoundland Elders: their Lifestyles and Values*, Creative Publishers, St. John's, Newfoundland, Canada, 1998, 184 pp., \$12.95 (Cdn) pbk, ISBN 1 895387 97 3.

As the challenges of the 21st century bear down upon us, it is vital to heed the people who have weathered those of the 20th. Here lies the value of *Healthways*. Prepared by a multidisciplinary team of researchers – an anthropologist, a socio-linguist, and a medical doctor – the book explores changes in health care beliefs and practices as expressed in the narratives of 30 elders ranging in age from 62 to 92, and representing occupations as diverse as teacher, trucker, fisher, welder, homemaker, brewery worker, secretary, and nun.

Readers uncomfortable with research methods that tend to determine in advance how the data should speak will welcome *Healthways* for letting participants speak for themselves – to the tune of 75 per cent of the text! Moreover, once they adjust to the colourful colloquialisms and unique twists of Newfoundland English, they will be rewarded with a rich sense of participants' 'lifestyles and values' during the several decades traced by the book. Adding to its merit, and making it relevant to contexts other than rural Newfoundland, is its picture of people's first-hand experiences navigating the transition (in one century) from an essentially pre-modern existence centred on fishing and farming to a precarious post-modern one characterised by dwindling fish stocks, plant closures, economic dislocation, and the erosion of a way of life enjoyed for generations.

The book's focus is *values in health care*: their significance 'for everyone concerned with our health care system, the general public, health care practitioners and policy makers' (p. 2) and how they have been shaped by every aspect of participants' lives, including family, community, church, and school. Two questions guide the authors: 'To what extent do individual values associated with lifestyles influence the maintenance of health and the treatment of illness?' and 'does an appreciation of these values help us to understand how many elders cope with their changing identity as senior citizens' (p. 2).

Chapter 1 and the first part of Chapter 2 outline the context of the study, rationalise the interview method employed, and summarise the values participants repeatedly cite, namely 'self-sufficiency, resourcefulness, prag-

matism; prudence, an acceptance of what life has to offer, an appreciation of order and personal discipline, of belonging, fitting in and knowing one's place in history' (p. 9). Thereafter, the text turns to the words of participants themselves, beginning with four whose testimonies embrace many of the themes touched on by the total group. Chapter 3 draws on anecdotal remembrances from the full range of participants to illustrate various aspects of 'looking after one's health'; Chapter 4, of 'coping with ill health'; and Chapter 5, of 'coping with old age'. Chapter 6 concludes the book by reflecting on the challenge of 'identifying the values of an individual or a community' (p. 157) and the dangers of making 'stereotypic assumptions about people and their communities', thereby 'slid[ing] past the individuality and pluralism in our society' (p. 160). Here *Healthways* is at its most helpful, reminding researchers that 'it takes time and skill to discover the diversity of values' (p. 160) especially since 'the "languages" of values, as expressed in official and professional statements, distract us from a close examination of the meanings that patients attach to their values' (p. 160).

Some quibbling is in order. The authors could say more about who they are, their institutional affiliations and qualifications for the project, and what impelled them to mount it in the first place. Also, whence the word *Healthways* and why the double sub-title? Why is an appendix called 'general reading' (basically an annotated bibliography) not inserted as a proper literature review near the beginning of the book to set the theoretical background and calm some readers' concerns regarding the decision (lauded by this reviewer) to aim for stories rather than statistics. This latter point is relevant to readers whose interests (like the reviewer's) lie in narrative gerontology (see Birren *et al.* 1996; Kenyon and Randall, 1999) – *e.g.* in not only *what* is narrated but also *how*. One question the authors admit could be further explored is why a 'seemingly rosy picture of the past' (p. 7) comes through so often in the interviews. Surely such a picture clouds our vision of how things *really* were in 'the good old days' of the past, thereby impairing our ability to prepare wisely for the challenges of the future. Similarly odd is the statement that 'inaccuracies and inconsistencies [in participants' remembrances], if they exist, are not significant for the way we use the narratives' (p. 7).

Despite these reservations, the book is engagingly written and will appeal to many readerships, including a general one. Although its 'general reading' section does not position it in gerontology per se, gerontologists will identify with how it treats such topics as coping strategies across the lifespan (especially concerning ill-health), social networks, and cross-cultural comparisons of the experience of ageing and health. Medical historians, as well as nurses, dieticians, and community health workers, will appreciate its insights into health care practices in earlier eras, while students of alternative medicine will find it a valuable resource with respect, for example, to home remedies. Students of gender will be interested in participants' testimonies regarding sex roles and attitudes toward sexuality; theologians, in how religious beliefs shape secular views; and sociologists, in the intricate ways culture influences lives. In all, *Healthways* underlines how critical it is – in order to develop 'resilient communities' – to 'know the past in order to sharpen our questions about the present and the future' (p. 159).

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Suzanne Kingsmill and Benjamin Schlesinger, *The Family Squeeze: Surviving the Sandwich Generation*, University of Toronto Press, Toronto, 1998, 199 pp., £26.00 hbk ISBN 0 8020 0764 3, £12.50 pbk ISBN 0 8020 7134 1.

This book addresses some of the difficulties and dilemmas faced by middle-aged North American women who are traditionally referred to as the ‘sandwich generation’ (Miller 1981) because of their childcare, eldercare and employment commitments.

Grounded in the qualitative experiences of a fictitious family, the book is divided into seven chapters. Each chapter begins with a vignette followed by an analysis and advice section. The opening chapter sets the scene by defining the term sandwich generation and providing an overview of macro-social trends. Chapters 2 and 3 consider the complex and ambiguous nature of caregiving relationships, describing the interdependencies between children, middle-aged women and their ageing parents. The negotiation of changing roles and evolving responsibilities is addressed, as is the provision of financial, practical and emotional help. Chapters 4 to 6 describe how the sandwich generation set about coping with their multiple commitments. They offer qualitative insights into their struggles, competing priorities and expectations and also capture some of the insecurities individuals experience as they grapple with decisions about caregiving and employment. This is framed within a discussion of ‘to quit or not to quit’ (p. 78). The effects of caregiving on employment, for instance lateness, absenteeism and work interruptions, are briefly considered. Chapter 5 underscores the importance of securing help and reviews the intergenerational support available within families. Chapter 6 examines formal service provision and also considers what employers can do to help improve carers’ working experiences. The availability of flexible working practices is reviewed and employers are urged to recognise that employees lead full and complex lives outside the workplace. Chapter 7, ‘Planning for the future’, considers life beyond multiple caring responsibilities and addresses the admission of ageing parents to long-term care facilities.

At the end of each chapter the authors offer a series of practical suggestions for coping, for instance establishing limits on one’s own activities and developing a good support system. In addition, the appendix lists the main community support services and signposts a number of Internet resources.

The book raises a series of practical issues and offers insights that are instructive to employers and health and social care professionals. It successfully conveys how the effects of combining full-time employment with multiple caregiving responsibilities extends beyond the primary carer to encompass the wider family. However, the book provides only a partial account of carers' experiences, as it fails to consider adequately the complementary ways in which the spheres of caregiving and employment can combine; for instance, the skills, aptitudes and perspectives individuals may acquire during the course of their experience. There is growing evidence to suggest that multiple role occupancy can impact positively upon family life (Brody 1990) but the book portrays the experience in largely negative terms.

Whilst clearly written and of general interest, the book is insufficiently focused for readers with a good grounding in this area who would be familiar with most of the material. It offers neither a new perspective nor new findings and portrays a negative image of the ageing process.

References

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L. Eugene Thomas and Susan A. Eisenhandler (eds) *Religion, Belief and Spirituality in Late Life*, Springer Publishing Company, New York, 1999, 221 pp. no price hbk, ISBN 0-8261-1235-8.

Upon reading this book, somehow the whole seemed greater than the sum of its 10 chapters and five parts. Dedicated to the memory of one of its co-editors, the late L. Eugene Thomas, it draws together a collection of religio-gerontological perspectives which encapsulate an array of themes and ideas which not only *inform* but also facilitate *insight* into one's own spiritual development. In his forward, Robert Rubinstein calls this an 'important book on an important subject': this is no brash assertion.

The book pulls together contributions from 14 eminent scholars in the field of religion, spirituality and ageing who collectively tackle the subject matter through five distinct thematic parts. Using, in the main, qualitative ethnographic research, the spiritual experiences of diverse older people are described, related and analysed with allusion to a spectrum of theoretical frameworks.

Part One, 'Creating and understanding the text of late-life spirituality' is, stylistically, perhaps the most challenging. Chapter 1 teases out reflections of

the Ancient Grand Masters of literature: Homer, Cicero, Virgil (to name a few), to construct a literary landscape of spiritual pearls of wisdom which culminate in a small section entitled 'Measuring success'. Here, the preceding somewhat nebulous discussion coalesces into a few pertinent points on success being measured by the small things in life. More importantly, meaning can be derived from the moment and what appears to be mundane.

The search for understanding spirituality continues into Chapter 2 where a biblical theme is superimposed with exposition of the experiences of Joan and Erik Erikson. Whilst the vagaries of experiential learning and their import to personal growth are no doubt timeless, I felt uncomfortable with similarities made between Joan and Erik, Adam and Eve and Sarah and Abraham. I take the point that like biblical figures, Joan and Erik followed a life-span developmental process involving, amongst others things, discovery of one's relationship to God, a search for truth and meaning, as well as a voyage of self-discovery (hence part of the title 'parallel awakenings'); I nevertheless thought that the historical comparisons did not fit easily. A remark 'Like Eve and Adam, Joan and Erik Erikson in middle age imagined a course of human development that they dared to test with the best scientific and practical means at their disposal' (p. 26) is, perhaps, an extrapolation too far! However, the biographical insights give due regard to the part played by Joan Erikson and the importance of gender complementarity in producing Erik Erikson's final works, so that the chapter elucidates an interesting sociological (or is it feminist?) angle.

An exploration of personal and group reflections follows in Part Two. A number of 'core' spiritual issues are followed-up: spiritual meaning, spiritual maturity, spiritual imagery, spiritual motivation, spiritual expression and spiritual tension are all deliberated on at both theoretical and empirical levels. A thorough and thought-provoking section.

Parts Three and Four take on a sociological dimension. Transcultural, ethnic and gender issues are cleverly developed to render yet more perspectives to the book's main theme. Again, narrative analysis is used to provide a richness of detail, whether it be from a discussion with David, an eighty-year-old Jewish immigrant under the heading 'Quarrelling with God' (Thomas, Chapter 5), or a study of the role of religion and spirituality in life transitions amongst a group of women (Burke, Chapter 7), or a discourse on the reflections of John, 'a Christian gentleman', living in a retirement community (McFadden, Chapter 8). If anyone had ever doubted the value of narrative analysis, she or he would be well advised to read these chapters!

Imamoglu (Chapter 2) relates a comparative study into religiosity and general well-being between two sample populations of older people in Turkey and Sweden. Some interesting, although not monumental similarities and differences are discerned. I fear, however, that some scholars may think this is yet another study to add to the religiosity-wellbeing bandwagon.

Part Five is titled with a question: 'Is there a distinctive spirituality of late life?' In striving to come up with an answer, Futterman *et al.* revisit the old chestnut of 'religion as quest'. Utilising a revised Quest Scale, their analysis views quest both as an open-minded 'search for meaning' in life and as a negative parameter, 'doubt', which together influence an individual's degree

of religious commitment. This is an interesting chapter which provides a richness of view-point. However, the focus on religion per se does not appear to contribute a significant answer to the original question about spirituality. This is in contrast to the second chapter in this Part. Lars Tornstam's theory of gerotranscendence pulls together the whole thrust of the book in the sense that it reflects the dual themes of spirituality and development. Gerotranscendental development (if my understanding is correct), is about analysing spirituality through a conceptual framework involving the cosmic dimension, the Self, and social and personal relations, all set in the context of a life-course pathway. This last chapter is thus not only pertinent but it also admirably completes a well-structured, intelligently edited book.

Professor Kastenbaum in 'Afterword' has the last say, however. The reader is treated to a short philosophical treatise on the work as an integrated whole. Having the benefit of the gestalt view he makes some profound comments. He also, incidentally, cautions against becoming too euphoric about gerotranscendence: we have 'a way to go' before it 'comes of age'.

This book makes a great contribution to the specific study of religiosity and spirituality in later life, and to the wider study of gerontology. It is an interesting and enjoyable read.

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Sherry L. Willis and James D. Reid (eds), *Life in the Middle: Psychological and Social Development in Middle Age*, Academic Press, USA, 1999, 304 pp, \$59.95, ISBN 0 12 757230 9.

This American publication sets out a rather ambitious agenda of presenting a picture of biological, psychological and social functioning in the mid-life of adults, placed within a life-span perspective. In the introduction, it stresses the need for more academic attention to this period in the lifecourse, and claims that over the last two decades, less than 10 out of 60 or so books represent a scholarly approach to the subject, citing Bernice Neugarten's (1968) *Middle Age and Aging* as remaining the classic. As is noticeable in other American texts, this book is written in the context of the United States and I struggled to find any references to work on mid-life outside that country.

The rationale given for the book is that middle age will become more a focus of attention as the largest cohorts in American history move through the middle years. The same is true of the British population, and the authors claim that the 'baby boomers' as they are called, will be of great interest, not only because of their size, but because they represent the best educated and most affluent cohorts to pass through this age period. The book uses the ages 40 or 45 years, to 60 or 65 years as their definition of mid-life.

The book has a total of 12 chapters divided into three parts: Theoretical perspectives on mid-life (Chapters 1–3); Biological functioning and physical health at mid-life (Chapters 4–6); and Psychosocial functioning at mid-life

(Chapters 7–12). Part One focuses on important theoretical perspectives and issues that relate to the psychology of mid-life, and the context of development is explored within an historical and cultural period of dynamic social change. It looks at theories of identity and personality functioning, examining the development of self and, critically, reviewing the term ‘mid-life crisis’ which, it maintains, is the result of ‘pop psychology’ in the 1960s.

Part Two examines health and disease in an epidemiological context, focusing on disease patterns and risk factors in the ageing process. Chapter 5 looks in more detail at women’s health with an emphasis on the physiology of the menopause, claiming that middle age is often seen as a marker in the ageing of women. The third chapter in this section concerns cardiovascular health and indicates mid-life as a time for behavioural change.

The third, and longest part of the book, is about psychosocial functioning and covers a range of issues from psychological well-being to gender roles, intellectual functioning and the impact of work on white collar workers.

Many of the book’s chapters draw on the analysis of large longitudinal data sets in the United States such as the Seattle Longitudinal Study, and the Massachusetts Womens’ Health Study begun in 1981. There are numerous tables and charts illustrating trends, incidences and directions of the particular area of study, and less attention to smaller, in-depth qualitative research. The final chapter draws together a number of emerging themes and directions for further research, and stresses the need for basic and applied research, in order to increase our understanding of biological, psychological and social functioning during middle age.

The book claims to have attempted to present a model of holistic functioning in adult development. It certainly covers a range of perspectives which means that at times, the reader is moving in and out of different disciplines. I found this sometimes rather confusing and disorientating, and some areas were not given the full attention they warranted. However, the lifecourse approach was a useful framework and the importance of individual experiences, class and gender were emphasised, within the historical context of the ‘baby boomer’ cohort. The book ends by saying:

As the millennium approaches, a greater understanding of human growth and development during middle age is of crucial importance. With the passage of the baby-boom generation from adulthood into mid-life and late life, the need for an expanded knowledge base about mid-life development becomes even more important [p. 275].

This book certainly makes a contribution to that statement, and with many gerontologists belonging to the baby boom cohort, in and outside the United States, there is a sense of vested interest in being part of that expansion in knowledge.

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Michael A. Smyer and Sarah H. Qualls, *Aging and Mental Health*, Blackwell Publishers, Oxford, UK 1998, 336 pp. £15.99 pbk ISBN 1 55786 557 4, £60.00 hbk ISBN 1 55786 556 6.
 Ian J. Norman and Sally J. Redfern (eds), *Mental Health Care for Elderly People*, Churchill Livingstone, Edinburgh, UK 1998, 584 pp. £31.50 pbk. ISBN 0 443 95173 9.

These two recent texts on mental health and ageing share the aims of serving as text books for students, providing a research-based guide to practitioners and professionals and acting as a reference source for academics and professionals in the field. The texts are complementary in terms of their geographic focus. The Norman and Redfern text draws largely on British research work and discusses mental health problems of old age in a British policy context, while Smyer and Qualls are almost exclusively US based in their focus. The books differ considerably in content, structure and scope, and have taken very different approaches to meeting their shared aims. They are similar, however, in that they both adopt a person-centred, positive focus to mental health and ageing.

Smyer and Quall are both psychologists working in the US, and their book is part of the *Understanding Aging* series of books edited by James Birren. The aim of the series is to bridge the gap between introductory texts and research literature and, taken together, provide a course on the psychology of ageing. The target audience of the book is described as being students of psychology and gerontology and practitioners working in social work, nursing, psychiatry and medicine. The book, however, is not multidisciplinary, but instead is designed to make psychological theories of ageing and mental health accessible to people working in all health care fields. The Norman and Redfern book is an edited collection of chapters, which is multidisciplinary and, importantly, multiprofessional in focus. This is reflected in the disciplines of the editors, who are from social work and nursing backgrounds respectively. The target audience of this book is described as being largely similar to that of '*Aging and Mental Health*'.

Although these two books share the same overall aim and person-centred focus, they are very different in scope, size and specific purpose, making direct comparison unfair. Therefore, the relative merits of the two books will be considered in more detail separately.

The primary aim of '*Aging and Mental Health*' is to act as a course text for psychology students interested in clinical work with older adults. The book addresses this aim by equipping the reader with an understanding of normal ageing and of four psychological models of mental health in later life: the psychodynamic, behavioural, stress and coping, and family systems models. The book then covers specific disorders of mental health in old age individually, with whole chapters devoted to cognitive impairment and depression. The final section on geriatric practice is particularly innovative and provides an overview of what it might be like to work as a geriatric practitioner.

The main strength of the book, and the thing that sets it apart from other texts on the psychology of ageing and mental health, is that it gives the reader a feel for what it might be like to work as a clinician with older adults. The

authors do this in two ways, by providing case studies, and by describing the roles and working conditions of geriatric practitioners. Case studies illustrating various decisions a clinician may have to make are interspersed throughout the book, and possible explanations and resolutions to the problems are introduced. This leaves readers of the book with a clear idea as to the kinds of situations a clinician encounters on a day-to-day basis. The authors also provide clear information as to the kinds of roles a geriatric practitioner fulfils and the settings in which they work. The chapter on nursing homes describes not only who the residents and staff of nursing homes are, but also the assessment and treatment that is obligatory, or possible, within them. The final chapter focuses on the interrelations between the different caring professions and presents information from policy documents on minimum standards of care. This realistic description of life as a health care professional working with older adults is invaluable to people considering this career, and it is refreshing to find this kind of pragmatic information in an academic text. The applicability of this section to readers outside the US, however, is somewhat limited by its grounding in US social and health care policy.

Academically the book is an excellent course text; it introduces theory in an accessible way, is grounded in empirical and clinical data and provides an extensive reference list. Importantly the book is actively thought provoking and encourages the reader to consider their response to the situations presented in the case studies. The authors take the reader through the problem-solving process, bringing in the relevant research to help the reader structure their thinking. Unfortunately one of the main strengths of the book as a course text limits its use as a general reference text. The different theories of mental health and ageing are presented and followed by a chapter encouraging the reader to consider how they would apply each model to real life situations. The real life situations, *i.e.* mental health disorders, are then described, but reference is not made as to the applicability of each of the models to each disorder. As a result much of the richness of the book is lost by reading chapters in isolation making it less useful as a reference text.

The editors of *Mental Health Care for Elderly People*, have gathered together 29 chapters from leading academics and practitioners from a wide range of fields including nursing, psychology, social work, psychiatry, gerontology and law. The book also includes a chapter written by the carer of someone with dementia. The breadth of the book is one of its greatest strengths, with chapters covering topics as diverse as the biology of ageing, reminiscence therapy and the development of service provision. The chapters are clearly written and accessible, and offer an excellent introduction to students, practitioners, or academics broaching a topic for the first time. The depth of coverage, however, means that even researchers familiar with a particular area of the literature will find something new in each chapter. The utility of the book as a research tool is enhanced by the inclusion of a recommended reading list at the end of each chapter. Although the chapters have been organised into four sections, mental health in old age, mental health problems in later life, therapeutic interventions and organisation of care, each chapter can be considered alone, making it an excellent reference book.

The most striking feature of the book, however, is the degree to which it

achieves the editors' aim of being 'warm blooded' in focus. The holistic, person-centred approach is reflected throughout the individual chapters. Authors frequently use case studies to introduce issues and discuss practical approaches to the problems broached. An important theme running through the chapters is the value of team work in providing services and care for older people, and of including older people in the care team. Thus the multidisciplinary and multiprofessional structure of the book as a whole is followed through in the individual chapters. One chapter that stands out in particular is David Brandon and Jack Ray's chapter 'Struggling with services'. This chapter grounds the debate about the professionalisation of services and care in the experiences of David Brandon and his family who cared for their father-in-law with dementia, and is a stark reminder as to how even the most articulate and informed of us can be disempowered by professionals.

Mental Health Care for Elderly People is a significant contribution to the field. The diverse range of high quality, up-to-date literature reviews written by an impressive panel of contributors provides an introduction to everything a gerontologist or practitioner should know about the mental health care of elderly people. In short we do not hesitate to recommend this book for use as a course text for students and a reference book for academics and practitioners.

It is heartening to read two text books which reflect so many of the changes currently occurring in the field of ageing and mental health. Their shared aim of bridging the gap between research and practice is very timely in light of the moves towards evidence-based practice and policy-relevant research. We are confident that the adoption of these books as mainstream text books will do much to encourage a more positive view of mental health in old age.

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AILS A COOK
MURNA DOWNS

Lawrence A. Frolik (ed), *Ageing and the Law*, Temple University Press,
Philadelphia, 1999, 690 pp., hbk ISBN 1 56639 652 2, \$29.95 pbk
ISBN 1 56639 653 0.

This selection of readings makes a good case for the existence for a distinctive body of law known as elderlaw within the United States. It is not however predominantly a legal text. It is a collection of articles, extracts and reports already published elsewhere and collated by the editor into a comprehensive survey of legal, social and medical issues faced by older people in contemporary society. The issues addressed are universal, but the detail is unequivocally American. The section on health care finance, for example, comprises a discussion of Medicare and Medicaid and the Home Health Care system described is the American system. There is in fact a strong health care focus in the book, and many of the contributors are from medical backgrounds. The most useful sections of the book are those on mental capacity which combine legal and medical material. Suitable links are provided by the editor. Ethical

considerations in the representation of older people are given their due weight in a final chapter.

Very few of the authors whose work appears here will be well known outside the US. The section on abuse and neglect of older persons does not, surprisingly, contain extracts from the leading American research. Instead it contains opinions and case-notes from practitioners on the identification of abuse and the use of protective measures, with brief references to the literature on abuse. The reader would have to follow up the references carefully in order to gain a deeper understanding of the topic under discussion. The purpose of the book is to give the reader an overview of the law relating to older people in the United States. It is a fascinating glimpse – but only a glimpse – of what is available. The serious reader needs to follow up the references and to go back to the source material for a satisfying knowledge of the area. The better target for this book is the American professional market. Others might be deterred by the folksiness of some of the material used here. ‘Losing it in California’, for example, is not the best title for a serious discussion of guardianship on the West Coast of America!

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